

**OTHERS' PERCEPTIONS OF SELF-HANDICAPPERS:
CLAIMED DEPRESSION AND ALCOHOL USE
AS SELF-HANDICAPPING STRATEGIES
IN MEN AND WOMEN**

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Charles Ronald Borger

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APPROVED BY:

Charles E. Kimble, Ph.D.
Chairperson, Thesis Committee

John R. Korte, Ph.D.
Thesis Committee Member

Kenneth A. Graetz Ph.D.
Thesis Committee Member

CONCURRENCE:

F. Thomas Eggemeier Ph.D.
Chairperson, Department of Psychology

ABSTRACT

OTHERS' PERCEPTIONS OF SELF-HANDICAPPERS: CLAIMED DEPRESSION AND ALCOHOL USE AS SELF-HANDICAPPING STRATEGIES IN MEN AND WOMEN

Name: Borger, Charles Ronald
University of Dayton, 1995

Advisor: Dr. Charles Kimble

This study examined the potential effectiveness of claimed depression and alcohol use as self-handicapping strategies. This study is based on the premise that the more favorably a protagonist and his or her actions are rated, the more effective his or her particular self-handicapping strategy will be. Subjects of both genders rated male and female protagonists and their actions, described in short newspaper-like accounts, on responsibility, blame, cause, likability, sympathy, and acceptability of actions. Protagonists engaged in either poor job performance or child abuse and neglect, and they either claimed depression, were using alcohol, or gave no explanation for their behavior.

Neither claimed depression nor alcohol use proved to be effective self-handicapping strategies. Protagonists claiming depression were rated more favorably than those with no handicap only on the sympathy variable. These two groups were not differentially rated on the other five variables. The relative

ineffectiveness of claimed depression as a self-handicapping strategy may be explained by an insufficient number of subjects used in this study, by the fact that protagonists claiming depression were not portrayed as having been clinically diagnosed as depressed, or by an insufficient amount of information provided in the short accounts.

Contrary to prior research, protagonists with no handicap were rated more favorably than alcohol users. Male subjects in particular rated the actions of protagonists with no handicap as more acceptable than those of alcohol users. This finding may reflect a greater awareness, especially among males, of responsible versus irresponsible drinking behavior in our society today than in the past. It is also possible that alcohol use is likely to be viewed as undesirable, in and of itself, when it accompanies another undesirable behavior.

Study results also suggest that women may hold others more responsible for undesirable behavior than do men, and that men seem to be more accepting than women of undesirable behavior. Both genders seem to find undesirable behavior less acceptable for women than for men, suggesting that women are held to a higher standard of behavior than men. This may be due to the greater likelihood of men than women to engage in undesirable behavior.

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CHAPTER I

INTRODUCTION

When Berglas and Jones (1978) first coined the term “self-handicapping,” they defined it as “any action or choice of performance setting that enhances the opportunity to externalize (or excuse) failure and to internalize (reasonably accept credit for) success” (p. 406). Other self-handicapping definitions are similar.

Shepperd and Arkin (1989) state that:

self-handicapping refers to the acquisition of an impediment, or the staging of performance conditions so that the handicap constitutes a pervasive impediment to successful performance and serves as a pre-emptive excuse for potential failure. Self-handicapping permits an individual, and relevant others, to attribute a forthcoming failure to a source other than lack of ability. (p. 252)

Both definitions suggest that handicaps can be seen as excuses. As children, we readily learn the importance of employing excuses to explain our behavior, especially our poor behavior. The concept of self-handicapping helps us to understand why excuses are indeed so important and at times effective. Excuses serve the purpose of helping us to avoid getting into “trouble,” so to speak. Our less than exemplary behavior can be explained by a factor beyond our control rather than by a flaw in our character. The “trouble” that is avoided in this way

may be external in terms of punishment provided by teachers or parents, and derision or ridicule by peers, or it may be internal in terms of blows to our self-esteem. Self-handicapping behavior, though originally seen as a strategy for private self-esteem protection (Berglas & Jones, 1978), has since been shown to also serve a protective purpose for public identity or social esteem (Kolditz & Arkin, 1982).

Covington and Omelich (1979), in studying ability and effort, asked introductory psychology student subjects to assume the role of teacher and determine appropriate degrees of punishment for failure of hypothetical students. The hypothetical failing students fell into one of four groups: (1) those expending low effort without excuses for such effort, (2) those expending low effort with excuses (3) those expending high effort without excuses, (4) those expending high effort with excuses. The authors found that subjects deemed students expending low effort without excuses as deserving significantly more severe punishment than students in all other conditions. The authors found no significant difference in punishment severity between high effort and low effort with excuses conditions. This suggests that students may achieve as much protection from teacher punishment by providing plausible excuses for expending low effort as they can by expending high effort. The value of having plausible excuses readily at hand is quite apparent from the results of this study, although it is questionable whether

results obtained from introductory psychology students can be generalized to actual teachers.

Excuses or handicaps are effective because they create ambiguity in such factors as responsibility, blame, and cause in the minds of both self-handicapping individuals and those around them. Every parent, teacher, and child, and every employer and employee knows that there are valid and invalid, or at least questionable excuses. Valid excuses are truly circumstances beyond an individual's control which are responsible for, to blame for, and the cause of his or her failure. Valid excuses are not considered self-handicaps. Invalid or questionable excuses may fall into two categories: (1) claimed but not actual circumstances which cause failure, and (2) circumstances which truly do account for failure, but which were in fact created by the person providing the excuse, and therefore not outside of his or her control.

Controllability is clearly an important issue when it comes to self-handicapping, however, it is important to distinguish between actual controllability and perceived controllability. If an individual is not actually in control of circumstances which may lead to failure, then he or she cannot engage in self-handicapping, at least in regards to these specific circumstances. If an individual is actually in control of circumstances which may lead to failure, either by only claiming such circumstances exist, or by creating these circumstances, there is a good chance that he or she is self-handicapping. On the other hand, perceived

controllability refers to the degree of controllability perceived by others in the self-handicapper's particular handicap. Just as an effective excuse is one which involves circumstances beyond an individual's control, an effective self-handicap is one over which the self-handicapper is perceived to have little or no control. The perceived controllability of such circumstances as alcohol use or depression therefore determines, in part, their effectiveness as self-handicapping strategies. The less controllable a circumstance such as alcohol use or depression is perceived to be by others, the more effective it is likely to be as a self-handicapping strategy for the self-handicapper and vice versa.

Types of Self-Handicapping

The two types of invalid or questionable excuses described above seem to correspond rather well with two types of self-handicapping. Leary and Shepperd (1986) pointed out the importance of distinguishing between two types of self-handicapping. These authors suggested the term *behavioral self-handicapping* be used to refer to the actions of people who construct handicaps that augment lack of ability attributions for possible failure. In other words, behavioral self-handicapping individuals endeavor to actively do something to enhance the opportunity to externalize failure. On the other hand, Leary and Shepperd (1986) endorse the term *self-reported handicapping* to describe the use of verbal claims that one possesses handicaps which interfere with one's performance. The self-reporting handicapper does not actively do anything in terms of handicapping him

or herself, he or she only claims to possess or suffer from a handicapping condition.

Hirt, Deppe, and Gordon (1991) point out that the two types of self-handicapping described above differ most notably in terms of cost. These authors note that taking a performance-inhibiting drug, as a form of behavioral self-handicapping, prior to performing, will serve as an excuse for poor performance, but will also decrease one's chances for successful performance. On the other hand, simply reporting high anxiety, as a form of self-reported handicapping, may serve as an excuse for poor performance without actually lowering one's chances for success.

Behavioral Self-Handicapping

Behavioral self-handicapping has been shown to take a variety of forms. Hirt et al., (1991) found that high self-handicapping males self-handicapped by withholding practice for a test. Shepperd and Arkin (1989) found that high public self-conscious individuals self-handicapped by selecting performance-inhibiting music to listen to prior to taking a test.

A number of studies of behavioral self-handicapping involve alcohol or drug use. Berglas and Jones (1978) and Kolditz and Arkin (1982) discovered that males were willing to self-handicap by taking a performance-inhibiting drug prior to taking an intellectual performance test. Tucker, Vuchinich, and Sobell (1981)

found that male subjects were willing to use alcohol to self-handicap when no performance-enhancing option was available to them.

Self-Reported Handicapping

Self-reported handicapping has been considered in a number of studies. Rhodewalt and Fairfield (1991) found that high self-handicapping subjects self-handicapped by reporting experiencing distracting cognitions while taking a test. DeGree and Snyder (1985) found that females self-handicapped by reporting traumatic life events. Smith, Snyder, and Handelsman (1982) found that highly test-anxious subjects self-handicapped by reporting high trait test-anxiety when taking an intelligence test. Smith, Snyder, and Perkins (1983) discovered that hypochondriacal subjects self-handicapped by reporting physical complaints, disorders, and symptoms when taking a test of social intelligence. Snyder, Smith, Augelli, and Ingram (1985) found that socially anxious or shy persons self-handicapped by reporting symptoms of social anxiety. Baumgardner, Lake, and Arkin (1985) found that subjects self-handicapped by reporting negative mood prior to taking a “memory” test.

Berglas and Jones (1978) note that therapists have long been aware of the appeal of the “sick” role of those who wish to avoid life’s pressures. The body may be seen as outside of the individual’s system of personal responsibility in this form of self-handicapping. The authors note that even the roles of “neurotic” or “mental” patients may be strategic in nature.

Gender Differences in Self-Handicapping

Research indicates that self-handicapping, both behavioral and self-reported, can take a variety of forms. Research also has demonstrated some interesting differences in self-handicapping behavior between males and females. In one of the few studies which has considered both behavioral and self-reported self-handicapping, in both male and female subjects, Hirt et al., (1991) found that high self-handicapping men and women both prefer self-reported over behavioral self-handicapping when both forms are viable. However, when both forms are not viable, the authors found that only high self-handicapping men behaviorally self-handicapped. Other studies which have found that men are more likely to behaviorally self-handicap than women include Berglas and Jones (1978) and Shepperd and Arkin (1989).

Shepperd and Arkin (1991) demonstrated that men are more likely to use other-enhancement than women. Other-enhancement is similar in effect to self-handicapping; however, it involves providing an opponent or rival with an advantage rather than providing oneself with a disadvantage. Kimble and Hirt (1993) suggest that the greater tendency for men to employ other-enhancement than women may be due to a more competitive upbringing in males than in females. Behavioral self-handicapping has been found to occur in other studies which have used only male subjects (Kolditz & Arkin, 1982; Tucker et al., 1981).

In one of the few studies of self-reported handicapping behavior to use both male and female subjects, Snyder et al., (1985) found that males engaged in self-reported handicapping while female subjects, in general, did not. However, in another study, Rhodewalt and Fairfield (1991) found that both genders were willing to engage in self-reported handicapping. These authors found no difference between males and females in their respective self-handicapping behavior. Self-reported handicapping has been found to occur in a number of studies using only female subjects (Baumgardner et al., 1985; DeGree & Snyder, 1985; Smith et al., 1983; Smith et al., 1982).

Differences between male and female self-handicappers have been explained in several ways. As mentioned above, Kimble and Hirt (1993) suggest that gender differences in self-handicapping may be due to a more competitive early environment of boys than of girls. It is also possible that men are more sensitive to the risk of failure than are women and are therefore more likely than women to self-handicap (Hirt et al., 1991).

Kimble and Hirt (1993) also suggest that women may not be willing to accept the cost of actually putting themselves at a disadvantage and hurting their chances for success by behaviorally self-handicapping. These authors suggest that women may be more concerned than men with how others see them. Women may realize that behavioral self-handicapping may cause them to perform worse than if they did not self-handicap and thus lower them in the eyes of others. Men, on the

other hand, may be more concerned than women with how they see themselves privately. Behavioral self-handicapping may be important for men to maintain a personal sense of competence.

It has been proposed (Kimble & Hirt, 1993) that women may not accept the notion that performance depends on ability and effort. Luginbuhl and Palmer (1991) demonstrated evidence for this contention in a recent study. Subjects in the study viewed a videotape in which a man went to a movie (self-handicapped) instead of studying for an exam he was to take the following day. When the self-handicapper scored a C on the exam, women predicted a lower future test score ($M = 87.74$) for this individual than did male subjects ($M = 91.03$). Female subjects also rated the self-handicapper's knowledge of the exam topic lower than male subjects did. It seems that males attributed the self-handicapping individual's relatively poor score to a lack of effort. They may have predicted a higher future test score because they expected a higher level of effort to be exerted in the future. Females, who may not have made, or may not accept, the connection between effort and ability, seem to have attributed the self-handicapper's relatively poor performance to a lack of ability only. The amount of effort expended may make no difference to women. If they believe the self-handicapper's achievement of a grade of C was due solely to a relative lack of ability, women, in general, may expect the same lack of ability to result in the same average score in the future.

This interpretation would be consistent with the previously mentioned reluctance of women to behaviorally self-handicap. If women, in general, judge others' performance on ability alone, they may also judge their own performance in this way and not accept excuses, related to effort, for poor performance in themselves and others. Such an interpretation may help to explain the higher incidence of alcohol dependence and abuse in men than in women, according to the Diagnostic and Statistical Manual of Mental Disorders, 4th Ed, (American Psychiatric Association, 1994). As previously noted, alcohol use has been shown to be a form of behavioral self-handicapping in men (Tucker, Vuchinich, & Sobell, 1981).

The above interpretation, that women may judge performance with more emphasis on ability than effort and may be less likely to accept excuses for poor performance, does not however help to explain the fact that women have been shown to engage in self-reported handicapping (Baumgardner et al., 1985; DeGree & Snyder, 1985; Rhodewalt & Fairfield, 1991; Smith et al., 1983; Smith et al., 1982). The fact that women are willing to engage in self-reported handicapping means that women do, in fact accept excuses for poor performance as long as the excuses are not behavioral, but self-reported in nature. Depression or claimed depression may be seen as a form of self-reported handicapping. It is interesting to note that a higher incidence of depression in women than in men is reported in the DSM-IV (1994).

In a study consisting of subjects rating protagonists described in short vignettes, Shouten and Handelsman (1987) concluded that females may have an advantage over men in using depression as a self handicapping strategy. In this study, females were seen as less blameworthy than were males, while males were seen as more responsible than females by male subjects. Also female protagonists who had engaged in spouse abuse, and who also showed symptoms of depression, were rated by subjects as deserving less severe sanctions than females who had no symptoms. In a study previously discussed in this paper, Baumgardner et al. (1985) used only female subjects and found that these subjects self-handicapped by reporting negative mood prior to taking a “memory” test.

The question remains as to why women, in general, seem to accept one sort of excuse and not another in themselves and others. They may view the two types of self-handicapping differently. Perhaps women, in general, see depression, or depressive symptoms, and other potential forms of self-reported handicapping as relatively stable and internal characteristics or constructs which are more closely related to ability, another relatively stable and internal construct, than to effort which may be seen as more variable and external in nature. Alcohol use and abuse may be seen by women, in general, as a form of withholding effort, however, if women do not see effort as being relevant to performance, they may also be less likely to see alcohol use and abuse as relevant to their attributions of responsibility or blame for negative behavior in others.

Richardson and Campbell (1982) provide evidence for this position in their study examining the effect of alcohol on attributions of blame for rape. These authors found that when making judgments regarding the probable outcome of a rape case, female participants were less likely than male participants to consider the offender's degree of intoxication as a relevant factor. They also found that while male participants thought that sober offenders would be more likely than drunken offenders to be found guilty, female participants' judgments were not affected by the offender's intoxication.

Finally, Hirt et al., (1991) have noted the possibility that women actually do behaviorally self-handicap, but to date, self-handicapping studies have not used forms of behavioral self-handicapping that appeal to women.

Active Self-Handicapping and Attributions of the Self-Handicapper

While most self-handicapping research to date has considered the active self-handicapping behavior of subjects, a small number of studies have focused on how subjects view self-handicapping behavior in others. Two such studies have already been described. Luginbuhl and Palmer's 1991 study included two experiments in which subjects were shown a videotape of a man either studying (non-self-handicapping) or going to a movie (self-handicapping) prior to an exam. The researchers also manipulated the grade ultimately received on the exam. They found that regardless of whether the grade was A, C, or F, subjects responding to the self-handicapping target individual predicted significantly higher future test

scores than did subjects responding to the non-self-handicapping target. Also, the self-handicapping individual's knowledge of the exam subject as well as his general intelligence was estimated to be higher than that of the non-self-handicapping individual. As previously noted, when the self-handicapper scored a C on the exam, women predicted a lower future test score for this individual than did male subjects. Female subjects also rated the self-handicapper's knowledge of the exam topic lower than male subjects did.

Richardson and Campbell (1982), as noted above, examined the effects of offender and victim intoxication on attributions of blame and responsibility in a rape incident. The male offender was attributed less responsibility and the situation was attributed more responsibility when the offender was drunk than when he was sober. Also, participants derogated the female victim's character and assigned her greater responsibility when she was drunk than when she was sober.

Richardson and Campbell (1980) found that subjects considering case history accounts of wife abuse, assigned more blame to situational factors than to the abuser, when he, the husband, was drunk. However, when the wife was drunk, she received more blame than when she was sober.

Critchlow (1985) studied attributions of drunken behavior and found that subjects rated intoxicated protagonists, as portrayed in short vignettes, as less responsible for, less blameworthy for, and having less of a causal role in a variety of undesirable and criminal behaviors, than sober protagonists.

Shouten and Handelsman (1987) considered depression as a self-handicapping strategy in a study which involved subjects' attributions of the self-handicapping individual. As noted previously in this paper, their subjects were given short vignettes to consider and asked to rate the protagonists described in these short accounts. The authors found that depressive symptoms significantly reduced attributions of personal responsibility pertaining to the protagonists rated by the subjects. Compared to protagonists with no symptoms, depressed protagonists were seen as less the cause of negative outcomes, less responsible for these outcomes, and less to blame for them.

The examination of others' perceptions of self-handicappers is an important approach to studying their behavior because such perceptions help to determine the effectiveness of self-handicapping behavior. Also, such self-handicapping behaviors as alcohol use and claimed depression are difficult to study using an active self-handicapping approach.

Depression and Alcohol Use

As noted above, the use of alcohol as a self-handicap seems to influence others' attributions of self-handicappers in ways that are favorable to them (Critchlow, 1985). However, Richardson & Campbell (1982, 1980) indicate that this may only hold true for male self-handicappers. The use of depression as a potential self-handicap also seems to influence others' attributions of self-handicappers in ways that are favorable to them (Shouten & Handelsman, 1987).

However, since no known study examines both alcohol use and depression as potential self-handicapping strategies, it is unclear whether or not these behaviors would lead to differential attributions of the self-handicappers employing them.

Despite a lack of research, it seems that individuals are generally seen as being more in control of alcohol use and abuse than they are of depression. Use and abuse of alcohol may be seen as *doing* something while depression may be seen as *feeling* something. One is likely to be seen as being more in control of what one does than of what one feels. As noted earlier, the more in control of a given behavior an individual is judged to be, the less effective that behavior is likely to be for the individual as a self-handicapping strategy. Alcohol use or abuse is likely to be seen as something one does to oneself, while depression is likely to be seen as something that happens to an individual. Therefore, it was expected that individuals who use alcohol would be judged more responsible for their behavior than would depressed individuals.

Present Study

The present study considers how participants perceive self-handicapping behavior in others, not the actual self-handicapping behavior of participants. As noted above, a number of studies have taken this approach to examining self-handicapping behavior. In each of these studies, self-handicapping behavior seemed to influence attributions of self-handicappers in ways that were favorable to them.

A problem with past research seems to be that many studies have used only male or only female participants. Also, many studies have considered only behavioral self-handicapping or only self-reported handicapping, but not both. No known study examines both alcohol use and claimed depression as self-handicapping strategies.

The present study used both male and female participants and considered both behavioral self-handicapping (in the form of alcohol use) and self-reported handicapping (in the form of claimed depression). It should be noted that this study does not mean to imply that alcohol use and depression are controllable by the individuals suffering from these conditions, or that these individuals are using their conditions as self-handicaps. This study sought to gauge the effectiveness of alcohol use and depression should they be used as self-handicapping strategies. This study sought to determine if, and to what extent, male and female participants would differentially rate, on a number of factors, behavioral self-handicappers as well as self-reported handicappers, of both genders, in several different situations.

Results similar to those of past research on perceptions of self-handicappers were expected in the present study. Participants were given short newspaper-like accounts to read. In the accounts, the protagonist engaged in one of two types of negative or undesirable behavior: (1) child abuse and neglect, or (2) poor job performance. These two types of negative or undesirable behavior were chosen to be employed in this study because together they covered a wider

range of behavior than either could alone. Also, these two types of negative or undesirable behavior are similar to those used in past studies (Critchlow, 1985; Shouten & Handelsman, 1987). The use of these specific behaviors may facilitate comparison of results of the present study to results of these studies. Two other independent variables were manipulated within the short accounts: (1) gender of the protagonist (male, female) and (2) handicap of the protagonist (claimed depression, alcohol use, no handicap). Gender of the subject also served as an independent variable.

Participants were asked to rate the protagonists described in the short newspaper-like accounts on the following six items: (1) responsibility for what happened in their particular situation, (2) the extent to which they were the cause of their behavior, (3) the extent to which they were to blame for their behavior, (4) likability of the protagonist, (5) sympathy felt for the protagonist, and (6) the acceptability of the protagonist's actions.

Participants were also asked how controllable they felt alcohol use to be by the user as well as how controllable they felt depression to be by the depressed individual. Controllability scores were used as covariates to determine if any effects that were found in the study were mitigated by participants' judgment of the controllability of alcohol use and depression.

Finally, participants were asked to complete the Self-Handicapping Scale (SHS) (Jones & Rhodewalt, 1982). SHS scores were used as a covariate to

determine if any effects that were found in the study were mitigated by the self-handicapping tendencies of participants.

Hypotheses

A main effect of type of situation was predicted. Subjects were expected to rate protagonists in poor job performance conditions as less responsible, less to blame, and less the cause of their actions than those in child abuse and neglect conditions. This prediction was made for the following reason. Snyder, Higgins, and Stucky (1983) note that research indicates that people who engage in activities that have increasingly more negative impact on others are seen by observers as having more responsibility for their actions than people engaging in less negative activities. This contention is supported by Burger's (1981) review of 22 studies concerning attributions of responsibility for persons involved in accidental negative occurrences. This author found a statistically significant tendency among subjects to attribute more responsibility to an accident perpetrator for a severe accident than for a mild accident. The results were consistent with Kelley's (1972) proposal that people make attributions of others so as to maintain a sense of control in their environment. Thus, the observer may serve as the "watchdog," so to speak, of society by forming stronger attributions of responsibility as people engage in progressively more negative actions (Snyder, Higgins, & Stucky, 1983).

Subjects were expected to rate protagonists in poor job performance conditions as more likable, deserving of more sympathy, and their actions were

expected to be rated more acceptable than those in child abuse and neglect conditions. This prediction was made because poor job performance is a less serious offense than child abuse or neglect.

A main effect of handicap was also expected. Subjects were predicted to rate protagonists who claimed to be depressed as less responsible, less to blame and less the cause of their actions than those who used alcohol and those who did not self-handicap. Protagonists who claimed to be depressed were expected to be rated as more likable, deserving of more sympathy, and their actions more acceptable than all other protagonists.

Protagonists who used alcohol were expected to be rated as less responsible, less to blame, and less the cause of their actions than non-self-handicapping protagonists. Subjects were expected to rate protagonists who used alcohol as more likable, deserving of more sympathy, and their actions more acceptable than non-self-handicapping protagonists.

These predictions were made for a number of reasons. Research has shown that depression and the use of alcohol have affected attributions of self-handicappers in ways that were favorable to them (Shouten & Handelsman, 1987; Critchlow, 1985; Richardson & Campbell, 1980, 1982). Therefore protagonists in self-handicapping conditions were expected to be rated as less responsible, less blameworthy, and having less of a causal role in their negative behavior than those in the non-self-handicapping condition. The opposite was

expected in regards to likability, deserved sympathy, and acceptability of actions. Also, the presence of a handicap may imply less control by the protagonist of his or her actions than when a handicap is absent.

As noted earlier in this paper, individuals are generally seen as being more in control of alcohol use than they are of depression. Therefore claimed depression is likely to be a more effective self-handicapping strategy than alcohol use. Therefore, protagonists who were depressed were expected to be rated as less responsible, less blameworthy, and less the cause of their actions than protagonists who used alcohol, and the opposite was expected with regards to likability, deserved sympathy, and action acceptability.

An interaction effect of handicap by gender of subject was predicted. It was hypothesized that female subjects would rate protagonists of both genders, who claimed to be depressed, as less responsible, less to blame, and less the cause of their actions than protagonists who used alcohol and those who did not self-handicap. It was hypothesized that female subjects would rate protagonists of both genders, who claimed to be depressed, as more likable, deserving of more sympathy, and their actions more acceptable than protagonists who used alcohol and those who did not self-handicap. Female subjects were not expected to differentially rate protagonists who used alcohol and those who did not self-handicap.

It was also hypothesized that male subjects would rate protagonists who used alcohol as less responsible, less to blame, and less the cause of their actions than protagonists who claimed depression and those who did not self-handicap. It was hypothesized that male subjects would rate protagonists who used alcohol as more likable, deserving more sympathy, and their actions more acceptable than protagonists who claimed depression and those who did not self-handicap. Protagonists who claimed depression were expected to be rated by male subjects as less responsible for, less to blame for, and less the cause of their actions than protagonists who did not self-handicap. Protagonists who claimed depression were expected to be rated by male subjects as more likable, deserving more sympathy, and their actions more acceptable than protagonists who did not self-handicap (see Figures 1 and 2).

The above predictions were made for a number of reasons previously outlined in this paper. Research has shown that women, in general, have demonstrated a reluctance to engage in behavioral self-handicapping (Berglas & Jones, 1978; Hirt et al., 1991; Shepperd & Arkin, 1989). This is not true for men. Alcohol use may be seen as a form of behavioral self-handicapping. Claimed depression, however, may be seen as a form of self-reported handicapping. Women have demonstrated a willingness to engage in self-reported handicapping (Baumgardner et al., 1985; DeGree & Snyder, 1985; Hirt et al., 1991; Rhodewalt & Fairfield, 1991; Smith et al., 1983; Smith et al., 1982).

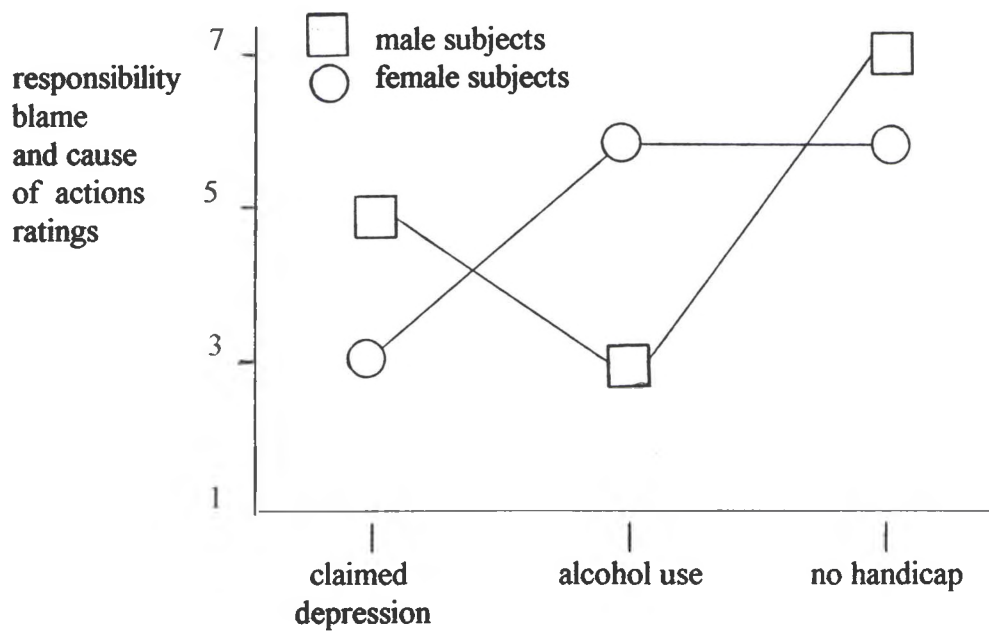


Figure 1. Predicted gender of subject by handicap interaction for *responsibility, blame, and cause* variables.

Note. This figure indicates only the predicted direction of the effect and not the magnitude of it.

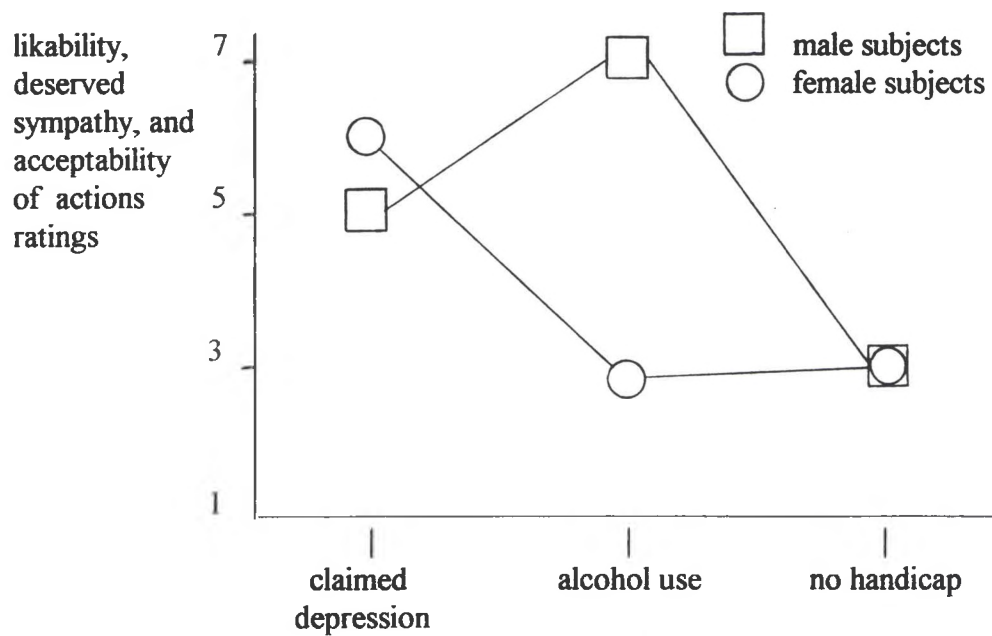


Figure 2. Predicted gender of subject by handicap interaction for *likability*, *deserved sympathy*, and *acceptability of actions* variables.

Note. This figure indicates only the predicted direction of the effect and not the magnitude of it.

Research has also shown that women, in general, are less likely to consider effort (Luginbuhl & Palmer, 1991), or lack thereof, especially in the form of alcohol use (Richardson & Campbell, 1982, 1980), when making attributions about self-handicapping individuals. This has not been observed with men.

The above predictions were also based, in part, on the fact that there is a greater incidence of depression among women than men, and a greater incidence of alcohol dependence and abuse among men than women (DSM-IV, 1994). Therefore women are expected to rate protagonists claiming to be depressed more favorably than protagonists using alcohol, while men are expected to rate protagonists using alcohol more favorably than protagonists claiming depression. A related issue, not based in research, may be a greater cultural acceptance of alcohol use in males than in females, and even perhaps a greater cultural acceptance of reporting depressive symptoms in females than in males.

While research has shown that males prefer self-reported handicapping to behavioral self-handicapping (Hirt et al., 1991) it was believed that the effect of the greater incidence of alcohol abuse and dependence in men than in women (DSM-IV, 1994), as well as the greater cultural acceptance of alcohol use for men than women, would dominate the results for male subjects.

CHAPTER II

METHOD

Subjects and Design

Participants were 120 undergraduate students, 60 male and 60 female, in introductory psychology at the University of Dayton. They received partial class credit for their participation. The design was similar to that of Shouten and Handelsman (1987) in that it was a 2 x 2 x 2 x 3 (gender of subject x gender of protagonist x type of situation x handicap) factorial. The between subject variables included gender of the subject (male, female), gender of the protagonist (male, female), type of situation (child abuse/neglect, poor job performance), and handicap (claimed depression, alcohol use, no handicap).

Procedure

Each participant was presented with 1 of 12 hypothetical newspaper-like accounts portraying either a male or female protagonist in a work or abuse situation (see Appendix A). The work situation involved the protagonist being fired from an advertising job for poor work performance, while the abuse situation involved the apparent abuse and neglect of two children by the protagonist who was a parent of theirs.

Within each of the two situations, information indicating the presence or absence of a potential self-handicap was varied. In the three conditions, the protagonist: (1) claimed to be depressed, (2) admitted to alcohol use, or (3) gave no explanation for his or her actions.

After reading the short account, all participants answered eight questions on a 9-point Likert scale (see Appendix B). Three questions gauged attributions of responsibility, blame, and causality: (1) In your opinion, how responsible is Mr. [Mrs.] W. for what happened in the account you read? (1 = *not at all responsible*, 9 = *totally responsible*); (2) In your opinion, to what extent should Mr. [Mrs.] W. be held accountable or to blame for his [her] behavior? (1 = *not at all to blame*, 9 = *totally to blame*); and (3) To what extent is Mr. [Mrs.] W. himself [herself] the cause of his [her] behavior? (1 = *not at all the cause*, 9 = *totally the cause*).

Three questions involved participants' personal feelings about the protagonists and their actions: (4) I like Mr. [Mrs.] W. (1 = *not at all*, 9 = *a lot*); (5) I feel sympathetic toward Mr. [Mrs.] W. (1 = *not at all sympathetic*, 9 = *very sympathetic*); and (6) I find Mr. [Mrs.] W.'s actions acceptable. (1 = *not at all acceptable*, 9 = *totally acceptable*).

Since items pertaining to responsibility, blame, and causality seemed to be closely related, as did perhaps the items concerning likability, sympathy, and acceptability of actions, the items did not appear in the order shown above in the experimental questionnaire. Rather, items from the first group were followed by

items from the second group, and vice versa, to the extent that all items appeared once in the questionnaire.

As noted above, the first three items, may, at first glance, appear to be similar, however there are indications that responsibility and blame reflect different attributional processes (Harvey & Rule, 1978; Pallak & Davies, 1982), with responsibility attributions related to causal role and judgments of blame related to moral evaluation. Critchlow (1985) notes that other researchers have found a similar discrepancy between judgments of causality and blame. It was decided that the first three items in the present study could possibly be combined for purposes of statistical analysis should they prove to be highly correlated. The same was true for the items of likability, sympathy, and acceptability of actions.

The last two questions assessed subjects' judgment about the controllability of alcohol use and depression: (7) In your opinion, to what extent is alcohol use, in general, controllable by the user? (1 = *not at all controllable*, 9 = *totally controllable*); and (8) In your opinion, to what extent is depression, in general, controllable by the depressed individual? (1 = *not at all controllable*, 9 = *totally controllable*). The order of these two questions was inverted in half of the experimental questionnaires.

Finally participants filled out the Self-Handicapping Scale (SHS) (Jones & Rhodewalt, 1982). The SHS is a questionnaire consisting of 25 self-descriptive statements (see Appendix C). Respondents are asked to indicate the extent to

which they agree with these statements. The scale evaluates respondents' tendencies to employ such self-handicapping behaviors as lack of effort, illness, procrastination, or emotional discomfort in conjunction with evaluative performances. Also included on the scale are items designed to assess concerns about achievement. Eight of the 25 items on the scale, such as "I hate to be in any condition but my best," are worded in the direction of low self-handicapping. Agreement is indicated with each statement on a 6-point scale bounded by the endpoints *agree very much* to *disagree very much* (Rhodewalt, 1990).

The SHS has exhibited acceptable internal consistency, Cronbach's alpha, $r(503) = .79$ and test-retest reliability at one month, $r(90) = .74$. Research into the predictive utility of the SHS, for a variety of self-handicapping behaviors, generally finds that as the likelihood of a threat to self-esteem increases, those scoring high on the SHS are more likely to acquire or claim a handicap than those scoring low on the SHS (Rhodewalt, 1990).

All materials used in this study were contained within packets which were distributed to participants. The first page of the packet was an informed consent form (see Appendix D). This was read aloud by the experimenter. It was also read and signed by participants and collected by the experimenter prior to the experiment so as to maintain the anonymity of subject responses. The next page of the packet was a short instruction sheet (see Appendix E). This instruction sheet was read aloud to participants by the experimenter. It was followed by the

hypothetical, newspaper-like account, the study questionnaire, with items 1-6 on one page and items 7 and 8 on another page, and finally, the Self-Handicapping Scale. Participants participated in the experiment in groups ranging in size from approximately 10 to 30 individuals. Following their participation, participants were given debriefing sheets (see Appendix F) which helped to explain the study. The experiment took approximately 30 minutes to complete.

CHAPTER III

RESULTS

This study experiment measured, on 9-point scales, subjects' ratings of protagonists and their actions described in short accounts on the following six factors: responsibility, blame, cause, likability, sympathy, and acceptability of actions. The means and standard deviations for all dependent measures appear in Appendix G. Correlations between all possible pairs of dependent measures appear in Table 1.

Intercorrelations between the variables responsibility, blame, and cause ranged from .0781 ($p > .01$), for responsibility and cause, to .4143 ($p < .001$), for blame and cause. Correlations of variables likability, sympathy, and acceptability of actions ranged from .4017 ($p < .001$), for sympathy and acceptability of actions, to .5963 ($p < .001$), for likability and deserved sympathy. Some variables were moderately correlated with each other indicating that these variables may be measuring factors which are moderately related. However, no variables were highly correlated to such an extent to suggest that they were measuring the same or nearly the same factors. Therefore these six dependent measures were analyzed individually.

Table 1
Correlations of Dependent Measures

	Respons	Blame	Cause	Likable	Sympathy	Accept
Respons	1.0000	.1841	.0781	-.0627	-.0274	-.0368
Blame		1.0000	.4143**	-.2847**	-.3364**	-.3238**
Cause			1.0000	-.1068	-.1924	-.2229*
Likable				1.0000	.5963**	.4389**
Sympathy					1.0000	.4017**
Accept						1.0000

Note. Respons = Responsibility, Blame = Blame, Cause = Cause,
 Likable = Likability, Sympathy = Sympathy, Accept = Acceptability of actions.
 * $p < .01$, ** $p < .001$.

A 2 x 2 x 2 x 3, Gender of Subject x Gender of Protagonist x Type of Situation (Poor Job Performance, Child Abuse and Neglect) x Handicap (Claimed Depression, Alcohol Use, No Handicap), between subjects ANOVA with planned comparisons on the handicap variable was performed on the data for each dependent measure. ANOVA summary tables for responsibility, blame, cause, likability, sympathy, and acceptability of actions variables appear in Appendix H. These analyses revealed a three-way interaction effect of Gender of Subject x Gender of Protagonist x Handicap for acceptability of actions, $F(2, 96) = 3.33$, $p = .040$. This interaction effect, which was not predicted, is graphically displayed in Figures 3 and 4.

Tukey multiple comparisons technique was employed to determine differences between means related to this interaction. All pairwise differences determined through the use of this technique appear in Table 2.

Tukey multiple comparisons technique revealed that the actions of male protagonists, in the no handicap condition, were rated as significantly more acceptable by male subjects than by female subjects. It was also revealed that the actions of male protagonists, in the no handicap condition, were rated as significantly more acceptable by male subjects than by subjects of both genders in the alcohol use condition. Furthermore it was determined that acceptability of actions ratings of male protagonists by male subjects in the no handicap condition

Male Protagonists



Figure 3. Gender of subject by gender of protagonist by handicap interaction for male protagonists.

Female Protagonists

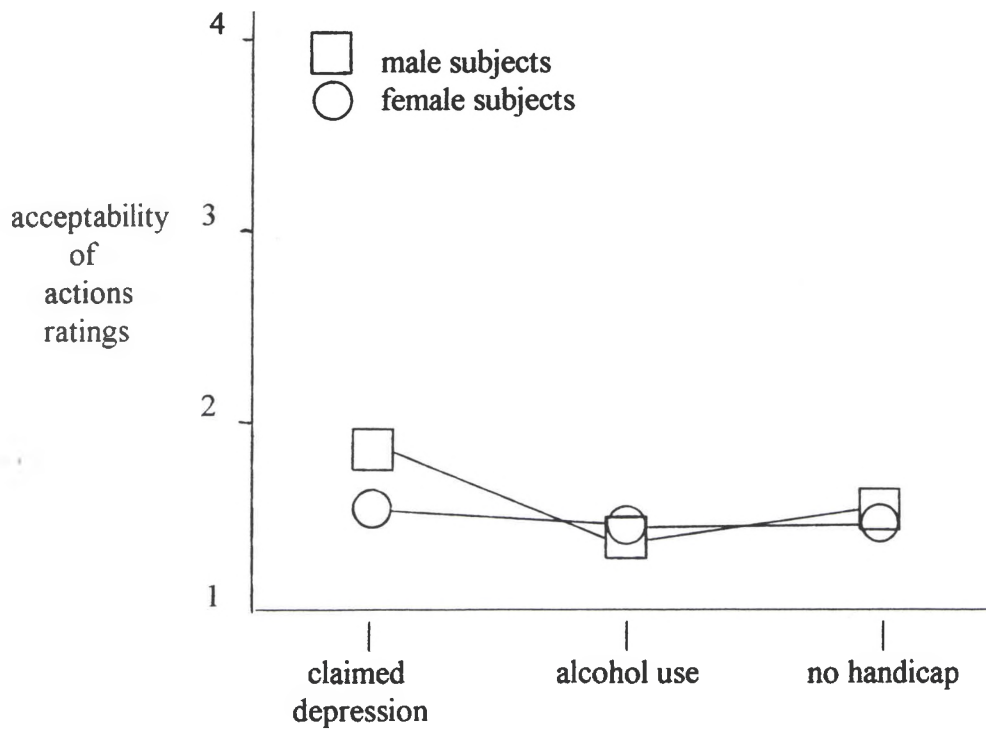


Figure 4. Gender of subject by gender of protagonist by handicap interaction for female protagonists.

Table 2**Tukey Pairwise Comparisons of Means of Gender of Subject by Gender of Protagonist by Handicap Interaction**

Gender of Protagonist:				Male						Female					
Gender of Subject:				Male			Female			Male			Female		
Handicap:				DEP	ALC	NH	DEP	ALC	NH	DEP	ALC	NH	DEP	ALC	NH
Means:				2.2	1.5	3.4	2.1	1.4	1.2	1.9	1.4	1.6	1.6	1.5	1.5
GP	GS	HP	Means												
Male	Male	DEP	2.2	--	0.7	1.2	0.1	0.8	1.0	0.3	0.8	0.6	0.6	0.7	0.7
		ALC	1.5		--	1.9*	0.6	0.1	0.3	0.4	0.1	0.1	0.1	0.0	0.0
		NH	3.4			--	1.3	2.0*	2.2*	1.5	2.0*	1.8*	1.8*	1.9*	1.9*
	Female	DEP	2.1				--	0.7	0.9	0.2	0.7	0.5	0.5	0.6	0.6
		ALC	1.4					--	0.2	0.5	0.0	0.2	0.2	0.1	0.1
		NH	1.2						--	0.7	0.2	0.4	0.4	0.3	0.3
Female	Male	DEP	1.9							--	0.5	0.3	0.3	0.4	0.4
		ALC	1.4								--	0.2	0.2	0.1	0.1
		NH	1.6									--	0.0	0.1	0.1
	Female	DEP	1.6										--	0.1	0.1
		ALC	1.5											--	0.0
		NH	1.5												--

Note. DEP = Claimed Depression, ALC = Alcohol Use, NH = No Handicap, GP = Gender of Protagonist, GS = Gender of Subject, HP = Handicap. Critical Difference Tukey (CDT) = 1.58.

*indicates difference between means exceeds CDT.

were significantly greater than acceptability of actions ratings of female protagonists by subjects of both genders in all conditions except those of male subjects in the claimed depression condition. Subjects of both genders in all handicap conditions did not differentially rate female protagonists.

The analyses also revealed a two-way interaction effect of Gender of Subject x Handicap for Acceptability of Actions, $F(2, 96) = 3.33, p = .040$. This interaction effect was predicted, however, the direction of this interaction was counter to prediction. This interaction is qualified by the three-way interaction of Gender of Subject x Gender of Protagonist x Handicap for acceptability of actions.

Simple comparisons were used to determine all pairwise comparisons at both levels of gender of subject. Results of simple comparisons revealed that male subjects rated the actions of alcohol users significantly less acceptable than those of protagonists with no handicap, $F(1, 96) = 9.73, p = .002$. There was no significant difference detected, for male subjects, between alcohol use and claimed depression, $F(1, 96) = 3.18, p = .078$, or between claimed depression and no handicap, $F(1, 96) = 1.79, p = .184$. No pairwise comparisons of acceptability of actions were significant for female subjects: Claimed Depression and Alcohol Use, $F(1, 96) = 1.41, p = .238$; Claimed Depression and No Handicap, $F(1, 96) = 2.21, p = .141$; Alcohol Use and No Handicap, $F(1, 96) = .088,$

$p = .767$. The effect of handicap for acceptability of actions was significant for male subjects but not for female subjects. This is demonstrated in Figure 5.

Results of planned comparisons on the variable handicap can be found in Table 3. Subjects of both genders rated protagonists who claimed depression as deserving more sympathy than those in alcohol use and no handicap conditions. Protagonists using alcohol were rated as more to blame for and more the cause of their actions than those in claimed depression and no handicap conditions. The actions of protagonists using alcohol were rated as less acceptable than those of protagonists claiming depression or no handicap, however, acceptability of actions ratings on the handicap variable are qualified by the Gender of Subject by Handicap interaction. Contrary to predictions, protagonists at the three levels of handicap were not differentially rated on responsibility and likability.

The analyses also revealed, as expected, a main effect of type of situation for likability, $F(1, 96) = 33.89, p < .001$, deserved sympathy, $F(1, 96) = 22.92, p < .001$, and acceptability of actions, $F(1, 96) = 19.13, p < .001$. Subjects of both genders rated protagonists who exhibited poor job performance ($M = 3.43$) as more likable than those who engaged in child abuse and neglect ($M = 1.93$). Subjects of both genders also rated protagonists who exhibited poor job performance as deserving more sympathy ($M = 4.55$) than those who engaged in child abuse and neglect ($M = 2.77$). Subjects rated the actions of protagonists

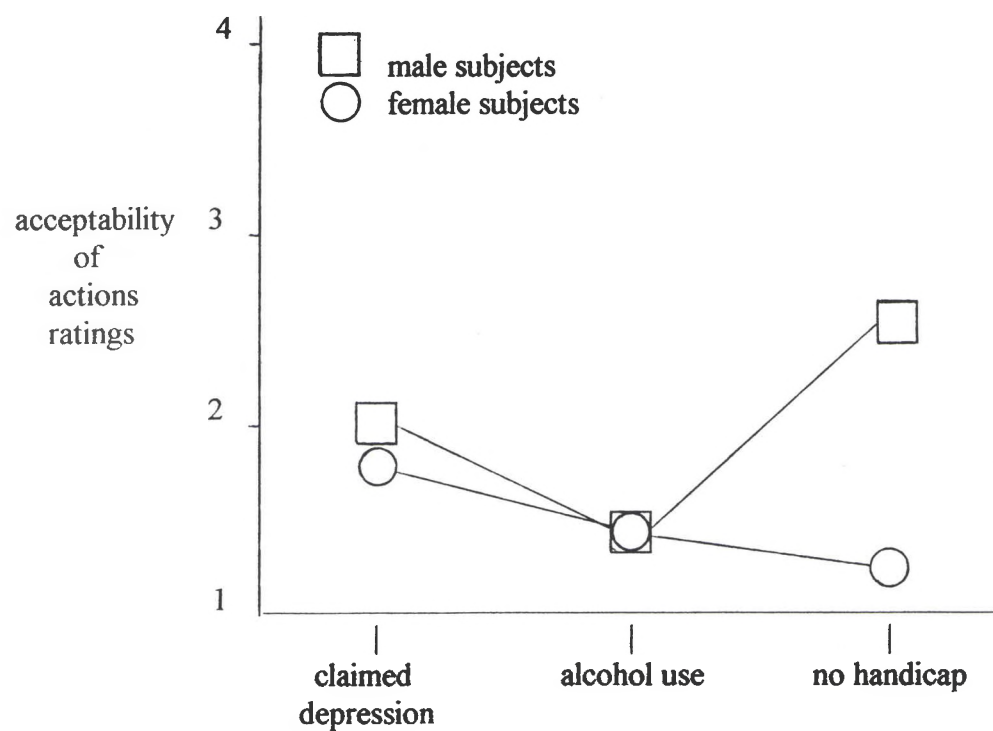


Figure 5. Gender of subject by handicap interaction.

Table 3
Results of Planned Comparisons on Handicap Variable

	Means			<i>F</i> - values of planned comparisons		
	Claimed Depres- sion (1)	Alcohol use (2)	No Handicap (3)	<i>F</i> (1, 96) 1 vs. 2	<i>F</i> (1, 96) 1 vs. 3	<i>F</i> (1, 96) 2 vs. 3
Respons	7.23	6.58	6.58	1.14	1.14	.00
Blame	7.18	8.30	7.35	12.42**	.30	8.86**
Cause	6.13	7.33	6.50	9.32**	.91	4.40*
Likable	3.03	2.60	2.43	1.81	3.62	.31
Sympathy	4.55	3.35	3.08	6.92*	10.45**	.36
Accept	1.95	1.45	1.93	4.41*	.01	3.98*

Note. Respons = Responsibility, Blame = Blame, Cause = Cause,
 Likable = Likability, Sympathy = Sympathy, Accept = Acceptability of Actions.
 * $p < .05$, ** $p < .005$.

who exhibited poor job performance as more acceptable ($M = 2.20$) than those who engaged in child abuse ($M = 1.35$). Contrary to prediction, protagonists who exhibited poor job performance were not rated differently from those in child abuse and neglect conditions in regards to responsibility, $F(1, 96) = 3.39, p = .069$; blame, $F(1, 96) = 3.44, p = .067$; and cause of their actions, $F(1, 96) = .270, p = .605$.

These analyses revealed a main effect of gender of subject for responsibility, $F(1, 96) = 3.90, p = .051$, and acceptability of actions, $F(1, 96) = 5.36, p = .023$. This effect was not predicted. Male subjects rated all protagonists as less responsible ($M = 6.30$) than did female subjects ($M = 7.28$). Male subjects rated the actions of all protagonists as more acceptable ($M = 2.0$) than did female subjects ($M = 1.5$).

A main effect of gender of protagonist was detected for acceptability of actions, $F(1, 96) = 3.89, p = .051$. This effect was not predicted. The actions of male protagonists were rated as more acceptable ($M = 1.97$) than the actions of female protagonists ($M = 1.58$) by all subjects across all experimental conditions.

Subjects were also asked to rate the controllability of alcohol use and depression on a 9-point scale. These scores served as covariates in a $2 \times 2 \times 2 \times 3$, Gender of Subject \times Gender of Protagonist \times Type of Situation (Poor Job Performance, Child Abuse and Neglect) \times Handicap (Claimed Depression, Alcohol Use, No Handicap), between subjects ANOVA for each dependent measure.

However the covariates proved to have little or no effect on the results.

An ANOVA with one within subjects factor (focus of controllability: controllability of depression; controllability of alcohol use) and the same four ($2 \times 2 \times 2 \times 3$) between subjects factors as in previous ANOVAs was also performed on the data with controllability ratings serving as the dependent measures. This was to determine to what extent subjects differentially rated the controllability of depression and alcohol use. The main effect of focus of controllability was highly significant, $F(1, 96) = 78.55, p < .0001$, with subjects rating controllability of alcohol use ($M = 6.2$) as significantly greater than the controllability of depression ($M = 4.4$). No between subjects factors had a significant influence on controllability measures, indicating that subjects' ratings of controllability of depression and alcohol use were not affected by their gender or the specific newspaper-like account that they read and evaluated.

Subjects also completed the Self-Handicapping Scale (SHS) (Jones & Rhodewalt, 1982). Their scores were used as a covariate in a $2 \times 2 \times 2 \times 3$, Gender of Subject \times Gender of Protagonist \times Type of Situation (Poor Job Performance, Child Abuse and Neglect) \times Handicap (Claimed Depression, Alcohol Use, No Handicap), between subjects ANOVA for each dependent measure, however this covariate also proved to have little or no effect on the results. In order to assess possible effects which participation in the study may have had on subjects' SHS scores, scores of 34 subjects were correlated with a second set of

SHS scores of these same subjects obtained up to three months prior to this study.

The scores of the two separate testings proved to be highly correlated,

.7080, $p < .001$, (M of first SHS testing = 76.21, M of second SHS

testing = 78.94), indicating that the experimental procedure did not drastically

affect SHS scores in the present study.

CHAPTER IV

DISCUSSION

The purpose of this study was to examine the potential effectiveness of alcohol use and claimed depression as self-handicapping strategies. Potential effectiveness was based upon the responsibility, blame, cause, likability, deserved sympathy, and acceptability of actions ratings of male and female protagonists by male and female subjects. Greater responsibility, blame, and cause attributions indicated less self-handicapping strategy effectiveness, while higher likability, deserved sympathy, and acceptability of actions ratings indicated greater self-handicapping strategy effectiveness.

It was expected that claimed depression would prove to be a more effective self-handicapping strategy than alcohol use, and that both of these strategies would prove more effective than the no handicap control condition. These expectations clearly were not confirmed by the results of this study. In fact, of the six factors measured (responsibility, blame, cause, likability, sympathy, and acceptability of actions) in the two self-handicapping conditions (claimed depression and alcohol use), in only one case did either self-handicapping strategy prove to be better than no handicap. This involved protagonists who claimed to be

depressed eliciting significantly more sympathy than those using alcohol and those with no handicap.

Even more surprisingly, alcohol use proved to be, in fact, less effective as a self-handicapping strategy than no handicap at all. The actions of protagonists using alcohol were rated as less acceptable than the actions of both those claiming depression and those with no handicap. Alcohol users were also seen as more to blame and more the cause of their actions than protagonists with no handicap and those claiming depression.

While claimed depression proved to be an effective self-handicapping strategy in regards to the sympathy variable, its ineffectiveness in regards to the other five variables (responsibility, blame, cause, likability, and acceptability of actions) is difficult to explain. It is possible that too few subjects were used to detect an effect for variables other than sympathy. It may be argued that situations such as child abuse and neglect are so offensive that people engaging in these behaviors will never be rated in any way favorably regardless of their excuse. However, it must be noted that previous research (Shouten & Handelsman, 1987) has shown that depressive symptoms have significantly reduced attributions of responsibility, blame, and cause in protagonists involved in domestic violence situations as described in short vignettes.

It is possible that subjects did not rate protagonists claiming to be depressed more favorably (other than in regards to deserved sympathy) than those

with no handicap because the short accounts only provided information about depressive symptoms, but in no way suggested that protagonists claiming depression had been clinically diagnosed as being depressed. Perhaps a clinical diagnosis of depression for protagonists would be necessary for subjects to rate them more favorably than protagonists with no handicap. However, when clinical depression is diagnosed, claimed depression must be considered actual depression. It is highly questionable whether actual depression could be considered a self-handicapping strategy.

A final possible explanation for claimed depression's relative ineffectiveness as a self-handicapping strategy may have to do with the overall manipulation of the handicap variable within the short accounts. As noted previously, in only four of twelve cases did the two possible self-handicapping strategies differ from no handicap at all. In light of the fact that steps were taken to keep the short accounts as similar as possible, except for the manipulation of the three variables of handicap, type of situation, and gender of the protagonist, perhaps too little information was provided regarding handicap, and perhaps the accounts were too similar as a result. Subjects may have focused primarily on aspects of the short accounts other than handicap. Perhaps steps should have been taken to ensure that subjects would place a stronger focus on the handicap variable.

As noted previously, a surprising finding of this study is that protagonists with no handicap were rated more favorably than those using alcohol. Previous research (Critchlow, 1985; Richardson & Campbell, 1980, 1982) has shown that the use of alcohol affects the attributions of self-handicappers in ways that are favorable to them, especially if they are male. However this study found the opposite to be true.

There are several possible explanations for these findings. These results may reflect a greater awareness and lesser acceptance of alcohol use in our society today. It is possible that this is a result of an increased attempt in recent years to educate the public as to the negative consequences of alcohol use. These results may also reflect a more health-conscious trend in our culture today as opposed to in the past. Since these findings suggest that protagonists are rated more harshly for engaging in one of two undesirable behaviors (child abuse/neglect or poor job performance) while using alcohol, than while not using alcohol, it would seem that alcohol use actually compounds blameworthiness, causality, and unacceptability of actions regarding undesirable behaviors. Although alcohol use may have, in the past, been seen as a mitigating factor serving a causal role, to a greater or lesser extent, in undesirable behavior, the present study suggests that alcohol use may be increasingly seen as an undesirable behavior in and of itself. It is also possible that alcohol use comes to be seen as an “undesirable” behavior only when it is coupled with another undesirable behavior, such as child abuse and neglect or poor job

performance. While behaviors such as child abuse and neglect, and to a lesser extent poor job performance, are clearly negative, when the child abuser or individual performing poorly at work also uses alcohol, the use of alcohol may be seen as a second negative behavior. Individuals engaging in one negative behavior may be rated less harshly than those engaging in two negative behaviors, namely alcohol use in addition to child abuse and neglect or poor job performance.

Finally in regards to this unexpected finding, the DSM-IV (1994) notes that lower educational levels and lower economic status are associated with alcohol-related disorders. Since the subjects of this study were college students at a private institution, it might be inferred that they were drawn from a population comprised of middle to upper level economic status individuals. Also, all subjects obviously have reached an educational level high enough for college admission. It would seem possible that the population drawn from in this study may have been less likely to accept using alcohol as an excuse for poor behavior in others. Still, it must be noted that college students in general have traditionally been considered to be heavy users of alcohol.

The finding that the actions of alcohol users were rated less acceptable than those of protagonists with no handicap is qualified by the two-way interaction of gender of subject x handicap and the three-way interaction of gender of subject x gender of protagonist x handicap. These interactions demonstrate that the finding mentioned above only proves to be significant for

male subjects rating male protagonists. This is an interesting finding in light of the fact that the DSM-IV (1994) reports five times more males than females suffer from alcohol abuse and dependence. Perhaps the fact that alcohol abuse and dependence are more common in men than in women has led men, in general, to be more sensitive than women to alcohol use issues, and less accepting than women of this behavior, especially in other men.

The two-way interaction effect of gender of subject x handicap, the direction of which was counter to prediction, was found only for the acceptability of actions variable, although it was predicted for the other five variables of responsibility, blame, cause, likability, and sympathy. This may be due, in part, to the fact that the six variables did not prove to be as highly correlated as was originally thought. The relatively small number of subjects in each condition may also have contributed to the lack of an effect in regards to these variables.

Though no individual effects of either gender of subject or gender of protagonist were expected, actual results were somewhat consistent with prior research in regards to gender differences among self-handicappers. For instance, male subjects rated protagonists, independent of their gender, handicap, or type of situation, as less responsible for what happened in the experimental account than did female subjects. Male subjects also rated the actions of all protagonists as more acceptable than did females. Since all protagonists engaged in one of two forms of undesirable behavior, it may be inferred that men are more likely than

women to accept undesirable behavior in others, while women are more likely than men to hold others responsible for such behavior.

This finding is somewhat consistent with Luginbuhl and Palmer's 1991 study, previously discussed in this paper. These authors found that women in their study were less likely than men to accept excuses for undesirable behavior in others. The present study suggests that men may be more likely than women to accept, not the excuses for undesirable behavior, but the undesirable behavior itself. The previously discussed interaction effects demonstrate that men in the present study rated the actions of male protagonists in the no handicap condition as more acceptable than the actions of protagonists of both genders in the alcohol use condition. This indicates that men in this study were not willing to accept alcohol use as an excuse for undesirable behavior. It has also already been demonstrated that claimed depression proved to be an effective excuse only in regards to the sympathy variable.

Therefore, while men in the present study do not prove to be more accepting than women of excuses for undesirable behavior, they do prove to be more accepting of undesirable behavior. This may be related to the fact that men are generally seen as being more aggressive than women and child abuse seems to be an aggressive behavior. However, poor job performance is not necessarily a particularly aggressive behavior. Perhaps the greater acceptance in men, in this study, of undesirable behavior can be attributed to the greater likelihood of men

than women to engage in undesirable behavior. It is well known that men are much more likely than women to engage in criminal behavior.

This explanation is consistent with the final gender-related finding of this study. The finding is that the undesirable actions of females were rated as less acceptable than those of males, independent of gender of subject. In other words, both males and females find the types of undesirable behavior portrayed in the short accounts as less acceptable for women than for men, suggesting that women are held to a higher standard of behavior than men. If men are more likely than women to engage in undesirable behavior, such behavior may be more expected in men than in women, and therefore more acceptable for men than for women.

The notion that women are held to a higher standard of behavior than men is consistent with research by Richardson and Campbell (1980, 1982). In one study, these authors demonstrated that the male offender in a rape case was attributed less responsibility when he was intoxicated than when he was sober, while the female victim was assigned more responsibility when she was intoxicated than when she was sober. Similarly, in a second study, involving wife abuse, the husband/abuser was assigned less blame when intoxicated than when sober, while the wife/victim received more blame when she was intoxicated than when she was sober.

This study found, as expected, that protagonists who engaged in poor job performance were rated as more likable, deserving more sympathy, and their

actions were rated more acceptable than those who engaged in child abuse and neglect. This is a rather common sense finding explained by the relative severity of the undesirable behaviors in question as well as the strength of emotion evoked by these behaviors. Child abuse and neglect are clearly more severe offenses evoking stronger emotions than poor job performance. It also should be noted that protagonists who engaged in child abuse and neglect actually harmed others, namely, their children, in addition to harming themselves. They may have been rated more harshly because of this. On the other hand, protagonists who exhibited poor job performance really only harmed themselves, and they may have been rated less harshly as a result.

Contrary to prediction, protagonists in the two types of situations used in this study were not differentially rated on the variables of responsibility, blame, and cause. This may be due to the more objective nature of these variables as opposed to the variables of likability, deserved sympathy, and acceptability of actions. Likability, sympathy, and acceptability of actions seem to be more subjective in nature and more related to emotion than are responsibility, blame, and cause. It is possible that behavior severity and strength of evoked emotion may prove to be great enough to affect even the variables of responsibility, blame, and cause should subjects view the undesirable behavior first hand, in person, or second hand, on a television newscast for example. However, reading about the

undesirable behavior in a short account with few details clearly was not sufficient to significantly affect these variables.

Taken as a whole, the results of this study were not consistent with past research in that neither claimed depression nor alcohol use proved to be effective as self-handicapping strategies. As noted previously, Shouten and Handelsman (1987) found that depressive symptoms significantly reduced attributions of personal responsibility. These authors found that, compared to protagonists with no symptoms, depressed protagonists were seen as less responsible, less the cause, and less to blame for negative outcomes.

Past research has also demonstrated alcohol use to be an effective self-handicapping strategy (Critchlow, 1985; Richardson & Campbell, 1980, 1982). Alcohol use in the present study, in fact, proved to be, not only ineffective as a self-handicapping strategy, but actually detrimental to ratings of self-handicappers employing this strategy. This is one finding which especially calls for replication in future research.

Gender-related findings of this study are somewhat consistent with past research. Past research has shown that men are more likely than women to accept excuses for undesirable behavior in others. The present study indicates that men may be more likely than women to accept undesirable behavior itself.

Several considerations for future research are suggested in light of the present study. These include the use of a more heterogeneous subject population.

Subjects in the present study were all of the same age group and education level. It is very likely that they were all of the same or similar socioeconomic groups. Clearly demographics are an important consideration in such issues as alcohol use, child abuse and neglect, and perhaps to a lesser extent, depression. Future researchers of this topic may also want to use more subjects than the present study. The number of subjects used in this study may have seemed to be sufficient; however, due to the number of independent variables, perhaps a larger number of subjects would be optimal.

Steps may also need to be taken to reduce ambiguity in the short accounts employed in this study relative to the responsibility variable. Protagonists, described in these short accounts, could be judged more or less responsible depending on which part of the account the subject chose to focus on. Subjects were asked how responsible the protagonist was for “what happened” in one of two situations. What happened in the poor job performance condition was that the protagonist was fired. The protagonist may have been seen as responsible in that he or she engaged in a certain behavior that led to his or her being fired, however he or she may have been seen as not responsible in that he or she did not actually do the firing. Subjects could rate protagonists very differently in regards to responsibility depending on how they viewed the situation. In the same way, in the child abuse and neglect condition, the protagonist may have been seen as responsible in that he or she engaged in the behavior which led to the police being

called to his or her residence, and which ultimately led to his or her children being removed from the home. However, the same protagonist may be seen as not responsible in that he or she did not call the police or make the decision that his or her children should be taken away. Perhaps questions asked subjects, especially regarding the responsibility variable, need to be more specific than they were in this study.

This study endeavored to assess the differential effectiveness of self-reported versus behavioral self-handicapping strategies based upon observers' attributions and perceptions of self-handicapping behavior. However, it used only one type of each of these respective forms of self-handicapping. In future research, more types of self-reported and behavioral self-handicapping may help to provide a more accurate gauge of the relative effectiveness of these two forms of self-handicapping. It also should be noted that this study examined self-handicapping behavior in only two types of situations, one in which the behavior was highly negative, and the other in which the behavior was less negative. The examination of self-handicapping in more types of situations, varying in undesirability, may strengthen this research.

A final consideration for future research involves the presentation of the information used to evaluate protagonists. While the present study conveyed this information in short newspaper-like accounts in order to facilitate the experimental process, future researchers may consider conveying this information to subjects

using a more engaging medium such as a videotape. This would involve the subjects more in the experimental situation which, in turn, may elicit a more genuine response. It is important to note, however, that the use of a more engaging medium, such as a videotape, may present difficulties in the depiction of such behaviors and situations as child abuse and neglect, poor job performance, alcohol use, and depression. This, in turn, may afford the experimenter less control over the experimental situation than with a less engaging medium.

APPENDIX A

EXPERIMENTAL ACCOUNTS

Child Abuse and Neglect Suspected

Police were called to the home of Bob White at the address of 22222 Winding Lane, after neighbors reported hearing cries and screaming coming from the residence. Officers forcibly entered the White household after receiving no reply at the door. They found two children, a boy aged 3 and a girl aged 6, hiding in a bathroom. Their father was sitting on a couch watching television in the living room. He appeared to be subdued and withdrawn.

The children denied having been physically abused by their father, however both had numerous visible bruises on their bodies. Both of them were filthy and unkempt. Mr. White likewise denied having abused his children, but he did say that he had to physically discipline them at times. He explained that he had been feeling extremely depressed for a long time.

Police reported that the White residence was dirty and littered with debris. They noted that there was no food to be found in the house.

Neighbors described Mr. White as a quiet and somewhat moody man who was prone to violent behavior at times. They also noted that the children had approached them periodically in the past asking for food.

The children have been taken into protective custody pending an investigation into this matter by Children's Services Board.

Child Abuse and Neglect Suspected

Police were called to the home of Roberta White at the address of 22222 Winding Lane, after neighbors reported hearing cries and screaming coming from the residence. Officers forcibly entered the White household after receiving no reply at the door. They found two children, a boy aged 3 and a girl aged 6, hiding in a bathroom. Their mother was sitting on a couch watching television in the living room. She appeared to be subdued and withdrawn.

The children denied having been physically abused by their mother, however both had numerous visible bruises on their bodies. Both of them were filthy and unkempt. Mrs. White likewise denied having abused her children, but she did say that she had to physically discipline them at times. She explained that she had been feeling extremely depressed for a long time.

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The children denied having been physically abused by their father, however both had numerous visible bruises on their bodies. Both of them were filthy and unkempt. Mr. White likewise denied having abused his children, but he did say that he had to physically discipline them at times. He explained that he had been drinking earlier that evening.

Police reported that the White residence was dirty and littered with debris. They noted that there was no food to be found in the house.

Neighbors described Mr. White as a heavy drinker who was prone to violent behavior at times. They also noted that the children had approached them periodically in the past asking for food.

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The children denied having been physically abused by their father, however both had numerous visible bruises on their bodies. Both of them were filthy and unkempt. Mr. White likewise denied having abused his children, but he did say that he had to physically discipline them at times. He gave no other explanation for his behavior.

Police reported that the White residence was dirty and littered with debris. They noted that there was no food to be found in the house.

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The children have been taken into protective custody pending an investigation into this matter by Children's Services Board.

White Fired

The AD INC. advertising agency announced today the firing of assistant accounts manager Bob White. Mr. White was apparently scheduled to give a presentation to a number of prospective clients. He had been given a full week's notice of the presentation, yet arrived for work poorly prepared. He seemed to be disinterested and devoid of energy. He claimed to be feeling really down. His appearance was sloppy and unkempt. His shoddy performance during the presentation cost the agency several important clients and ultimately led to his being let go.

The agency's personnel manager noted that Mr. White had past work difficulties. Often he would come in late for work and other times not at all. He had the highest rate of absenteeism in the agency. He had neglected some important accounts and lost several others as a result of this.

Co-workers reported that they were tired of covering for Mr. White. They felt that he was not doing his job properly and making everyone look bad as a result. Mr. White explains that he sometimes gets extremely depressed and that often he can hardly bring himself to get out of bed in the morning. He does not however feel he needs professional help to deal with these difficulties.

The personnel manager noted that Mr. White had received several warnings about his behavior following past job performance evaluations. He had been encouraged to seek help for what seemed to be a problem with depression. Mr. White had refused to get help, his apparent problem seemed to get worse, and his work performance had continued to suffer until the agency felt it was left with no choice but to terminate his employment with them.

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APPENDIX B

EXPERIMENTAL QUESTIONNAIRE

Evaluation Questionnaire

Instructions: Please answer the following questions on a 9-point scale.

1. In your opinion, how responsible is Mr. White for what happened in the account you read?

1	2	3	4	5	6	7	8	9
not at all responsible						totally responsible		

2. I like Mr. White.

1	2	3	4	5	6	7	8	9
not at all							a lot	

3. In your opinion, to what extent should Mr. White be held accountable or to blame for his behavior?

1	2	3	4	5	6	7	8	9
not at all to blame						totally to blame		

4. I feel sympathetic towards Mr. White.

1	2	3	4	5	6	7	8	9
not at all sympathetic						very sympathetic		

5. To what extent is Mr. White, himself, the cause of his behavior?

1	2	3	4	5	6	7	8	9
not at all the cause						totally the cause		

6. I find Mr. White's actions acceptable.

1	2	3	4	5	6	7	8	9
not at all acceptable						totally acceptable		

7. In your opinion, to what extent is alcohol use, in general, controllable by the user?

1	2	3	4	5	6	7	8	9
not at all controllable						totally controllable		

8. In your opinion, to what extent is depression, in general, controllable by the depressed individual?

1	2	3	4	5	6	7	8	9
not at all controllable						totally controllable		

Evaluation Questionnaire

Instructions: Please answer the following questions on a 9-point scale.

1. I like Mrs. White.

1	2	3	4	5	6	7	8	9
not at all								a lot

2. In your opinion, how responsible is Mrs. White for what happened in the account you read?

1	2	3	4	5	6	7	8	9
not at all responsible								totally responsible

3. I feel sympathetic towards Mrs. White.

1	2	3	4	5	6	7	8	9
not at all sympathetic								very sympathetic

4. In your opinion, to what extent should Mrs. White be held accountable or to blame for her behavior?

1	2	3	4	5	6	7	8	9
not at all to blame								totally to blame

5. I find Mrs. White's actions acceptable.

1	2	3	4	5	6	7	8	9
not at all acceptable								totally acceptable

6. To what extent is Mrs. White, herself, the cause of her behavior?

1	2	3	4	5	6	7	8	9
not at all the cause								totally the cause

7. In your opinion, to what extent is depression, in general, controllable by the depressed individual?

1	2	3	4	5	6	7	8	9
not at all controllable						totally controllable		

8. In your opinion, to what extent is alcohol use, in general, controllable by the user?

1	2	3	4	5	6	7	8	9
not at all controllable						totally controllable		

APPENDIX C

Self-Handicapping Scale (SHS)

Please indicate (by writing a number in the blank before each item) the degree to which you agree with each of the following statements as a description of the kind of person you think you are most of the time. Use the following scale:

- 0 = disagree very much
- 1 = disagree pretty much
- 2 = disagree a little
- 3 = agree a little
- 4 = agree pretty much
- 5 = agree very much

- _____ 1. When I do something wrong, my first impulse is to blame the circumstances.
- _____ 2. I tend to put things off to the last moment.
- _____ 3. I tend to overprepare when I have any type of exam or "performance." *
- _____ 4. I suppose I feel "under the weather" more often than most people.
- _____ 5. I always try to do my best, no matter what. *
- _____ 6. Before I sign up for a course or engage in any important activity, I make sure I have the proper preparation or background. *
- _____ 7. I tend to get very anxious before an exam or "performance."
- _____ 8. I am easily distracted by noises or my own creative thought when I try to read.
- _____ 9. I try not to get too intensely involved in competitive activities so it won't hurt too much if I lose or do poorly.
- _____ 10. I would rather be respected for doing my best than admired for my potential. *
- _____ 11. I would do a lot better if I tried harder.
- _____ 12. I prefer the small pleasures in the present to the larger pleasures in the dim future.
- _____ 13. I generally hate to be in any condition but "at my best." *
- _____ 14. Someday I might "get it all together."
- _____ 15. I sometimes enjoy being mildly ill for a day or two because it takes off the pressure.
- _____ 16. I would do much better if I did not let my emotions get in the way.

- _____ 17. When I do poorly at one kind of thing, I often console myself by remembering I am good at other things.
- _____ 18. I admit that I am tempted to rationalize when I don't live up to others' expectations.
- _____ 19. I often think that I have more than my share of bad luck in sports, card games, and other measures of talent.
- _____ 20. I would rather not take any drug that interfered with my ability to think clearly and do the right thing. *
- _____ 21. I overindulge in food and drink more often than I should.
- _____ 22. When something important is coming up, like an exam or a job interview, I try to get as much sleep as possible the night before. *
- _____ 23. I never let emotional problems in one part of my life interfere with things in my life. *
- _____ 24. Usually, when I get anxious about doing well, I end up doing better.
- _____ 25. Sometimes I get so depressed that even easy tasks become difficult.

*Indicates the item is reverse scored.

Jones, E. E. & Rhodewalt, F. (1982). The self-handicapping scale.

IMPORTANT: If you have completed this form in mass testing this semester, please write your name below so that we can check the reliability (how much alike or differently participants mark the first and second completion of this form). Your name will only be used to compare test 1 with test 2. All analyses will be done anonymously and confidentially.

Name _____

APPENDIX D

EXPERIMENTAL CONSENT FORM

Evaluation Study Consent Form

This study involves three steps. First, you will read a short account. Next, you will be asked to complete a short questionnaire evaluating a person described within the account, as well as his or her behavior. Finally, you will be asked to complete a second questionnaire evaluating your own behavior. All questionnaire responses will be anonymous except that you may be asked to provide your name on the second questionnaire if you participated in mass testing during the present semester. All responses will be confidential. Your participation in this study will take about 30 minutes.

It is not expected that you will experience any discomfort or stress during this experiment. If you do so, please feel free to stop your participation. You are also allowed to stop participating for any reason at any time and still receive full credit. You will receive one research credit in Introductory Psychology for participating in this study.

If you have any questions about your experience of having participated in this study, please feel free to contact the experimenter, Mr. Charles Borger, or faculty research sponsor, Dr. Charles Kimble. Both can be reached through the Psychology Department of the University of Dayton at the following number: 229-2713. If your participation in this study was upsetting to you, you might consider calling the U.D. Counseling Center (229-3141) to talk about the issues that troubled you. Thank you for your participation.

By signing this statement below, I certify that I have been informed of the nature of this experience, the possible risks involved, and that I may discontinue participation for any reason, at any time. I understand that my responses will be anonymous, and that I can contact the experimenter or faculty research sponsor, and/or the U. D. Counseling Center for further information or assistance.

Signature of Research Participant

Date

Signature of Witness

Date

APPENDIX E
EXPERIMENTAL INSTRUCTIONS

Evaluation Study
Instructions

The purpose of this study is to examine how people evaluate others and how attentive they are to details when doing so. You are encouraged to read the following short account carefully and answer the questions which follow as honestly as you can. When you have completed all the questions, please hand in all test materials to the experimenter and pick up a debriefing form before leaving.

Please indicate your gender by circling the appropriate item: Male Female

APPENDIX F

EXPERIMENTAL DEBRIEFING FORM

Evaluation Study Debriefing Form

You were told that the purpose of this study was to examine how people evaluate others and how attentive to details they are in doing so. More specifically, this study examines how people evaluate others and how such evaluation determines the effectiveness of a behavioral strategy known as self-handicapping. Self-handicapping is generally considered a topic of social psychology.

Self-handicapping involves a person actively doing something or saying something, prior to some sort of performance or other evaluative situation, to handicap, or ostensibly lessen their chances for success. The purpose of self-handicapping behavior is to protect a person's social or self-esteem by providing him or her with an excuse in case of failure. Also, if self-handicapping individuals should in fact succeed, they will look better in the eyes of others than they would, had they succeeded without the handicap.

Two types of potentially self-handicapping behavior examined in this study were alcohol use and claimed depression. Your responses to this study will help determine the relative effectiveness of these specific behaviors, as self-handicapping strategies, among males and females, in several different situations. For instance, the more favorably you evaluated an individual to be, the more effective his or her particular self-handicapping strategy would prove to be, and vice versa. It is important to note that alcohol use and depression are not necessarily self-handicapping strategies, but they could possibly be used as such.

Thank you for participating in this study. In addition to providing important research information, your cooperation will greatly help the experimenter with the fulfillment of his Master's Thesis requirement.

If you have any further questions about self-handicapping in general, please feel free to contact the experimenter, Mr. Charles Borger, or faculty research sponsor Dr. Charles Kimble. Both can be reached through the U. D. Psychology Department at the following number: 229-2713.

APPENDIX G

MEANS AND STANDARD DEVIATIONS TABLES

Table G-1**Means and Standard Deviations for *Responsibility* Variable**

	Subjects			
	Male		Female	
	Mean	Std. Dev.	Mean	Std. Dev.
Gender of Protagonist				
Male				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	6.60	1.52	6.20	2.95
Alcohol Use	5.60	3.78	7.80	1.30
No Handicap	4.60	3.58	8.40	.55
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	8.60	.55	8.80	.45
Alcohol Use	4.60	4.10	8.00	1.73
No Handicap	5.80	2.78	7.20	3.49
Gender of Protagonist				
Female				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	5.00	2.92	6.20	2.39
Alcohol Use	6.80	3.27	6.20	3.56
No Handicap	6.80	3.27	5.80	3.03
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	8.20	.84	8.20	.84
Alcohol Use	5.80	3.96	7.80	.84
No Handicap	7.20	3.49	6.80	3.27
For Entire Sample	Mean = 6.79		Standard Deviation = 2.74	

Note. Higher scores denote greater responsibility. Possible range = 1-9.

Table G-2
Means and Standard Deviations for *Blame* Variable

	Subjects			
	Male		Female	
	Mean	Std. Dev.	Mean	Std. Dev.
Gender of Protagonist				
Male				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	7.20	1.30	7.20	1.30
Alcohol Use	8.60	.55	7.60	1.14
No Handicap	6.80	2.17	8.00	1.00
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	7.60	1.67	7.20	2.49
Alcohol Use	8.80	.45	8.80	.45
No Handicap	6.00	1.87	8.00	.71
Gender of Protagonist				
Female				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	6.60	1.52	6.40	1.34
Alcohol Use	8.00	1.00	8.20	.84
No Handicap	6.20	2.95	7.60	1.67
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	7.20	1.48	8.00	1.73
Alcohol Use	8.40	.55	8.00	1.00
No Handicap	8.40	.55	7.80	.84
For Entire Sample	Mean = 7.61	Standard Deviation = 1.50		

Note. Higher scores denote greater blame. Possible range = 1-9.

Table G-3
Means and Standard Deviations for *Cause Variable*

	Subjects			
	Male		Female	
	Mean	Std. Dev.	Mean	Std. Dev.
Gender of Protagonist				
Male				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	5.40	2.88	6.60	1.52
Alcohol Use	7.00	1.00	6.80	1.79
No Handicap	5.20	1.79	7.20	1.64
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	7.00	2.12	6.40	1.14
Alcohol Use	7.40	1.67	7.00	2.00
No Handicap	5.40	1.52	7.40	.89
Gender of Protagonist				
Female				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	5.20	1.79	5.60	1.82
Alcohol Use	7.80	1.30	7.80	.84
No Handicap	6.80	1.64	7.40	1.52
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	6.80	2.76	6.00	1.00
Alcohol Use	7.00	1.87	7.80	1.30
No Handicap	6.40	1.95	6.20	2.49
For Entire Sample	Mean = 6.65		Standard Deviation = 1.78	

Note. Higher scores denote greater cause. Possible range = 1-9.

Table G-4
Means and Standard Deviations for *Likability* Variable

	Subjects			
	Male		Female	
	Mean	Std. Dev.	Mean	Std. Dev.
Gender of Protagonist				
Male				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	3.80	1.30	4.20	1.30
Alcohol Use	2.60	1.67	4.20	1.64
No Handicap	3.00	1.58	2.80	1.64
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	1.40	.55	2.00	1.41
Alcohol Use	2.00	1.23	2.20	2.17
No Handicap	3.20	1.48	1.00	.00
Gender of Protagonist				
Female				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	4.20	.84	4.00	1.00
Alcohol Use	3.20	1.48	3.00	1.41
No Handicap	2.20	1.64	4.00	1.73
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	2.00	1.00	2.60	2.19
Alcohol Use	1.20	.45	2.40	1.67
No Handicap	1.60	1.34	1.60	.89
For Entire Sample	Mean = 2.68		Standard Deviation = 1.61	

Note. Higher scores denote greater likability. Possible range = 1-9.

Table G-5
Means and Standard Deviations for *Sympathy* Variable

	Subjects			
	Male		Female	
	Mean	Std. Dev.	Mean	Std. Dev.
Gender of Protagonist				
Male				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	5.40	1.82	4.80	2.49
Alcohol Use	3.60	2.07	6.20	1.92
No Handicap	3.80	1.30	3.80	2.39
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	3.40	2.88	3.40	3.29
Alcohol Use	1.20	.45	1.60	.89
No Handicap	4.40	2.07	1.40	.55
Gender of Protagonist				
Female				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	6.20	1.92	5.40	1.52
Alcohol Use	3.60	2.30	4.20	2.59
No Handicap	3.60	2.61	4.00	1.73
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	4.20	1.64	3.60	1.95
Alcohol Use	2.60	1.67	3.80	2.28
No Handicap	1.40	.89	2.20	2.68
For Entire Sample	Mean = 3.66		Standard Deviation = 2.30	

Note. Higher scores denote more felt sympathy. Possible range = 1-9.

Table G-6
Means and Standard Deviations for *Acceptability of Actions* Variable

	Subjects			
	Male		Female	
	Mean	Std. Dev.	Mean	Std. Dev.
Gender of Protagonist				
Male				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	3.00	1.87	3.00	1.23
Alcohol Use	2.00	1.23	1.80	1.10
No Handicap	3.80	2.49	1.40	.55
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	1.40	.55	1.20	.45
Alcohol Use	1.00	.00	1.00	.00
No Handicap	3.00	1.41	1.00	.00
Gender of Protagonist				
Female				
Type of Situation				
Poor Job Performance				
Handicap				
Claimed Depression	2.40	1.34	2.20	1.10
Alcohol Use	1.40	.89	1.60	1.34
No Handicap	1.80	1.10	2.00	1.41
Type of Situation				
Child Abuse/Neglect				
Handicap				
Claimed Depression	1.40	.55	1.00	.00
Alcohol Use	1.40	.55	1.40	.55
No Handicap	1.40	.89	1.00	.00
For Entire Sample	Mean = 1.78		Standard Deviation = 1.22	

Note. Higher scores denote greater acceptability. Possible range = 1-9.

APPENDIX H

ANOVA SUMMARY TABLES

Table H-1
ANOVA Summary Table for *Responsibility* Variable

SOURCE OF VARIATION	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	Sig. of <i>F</i>
Within Cells	714.00	96	7.44		
Constant	5535.21	1	5535.21	744.23	.000
Gender of Subject (GS)	29.01	1	29.01	3.90	.051
Gender of Protagonist (GP)	.41	1	.41	.05	.815
Type of Situation (TS)	25.21	1	25.21	3.39	.069
Handicap (HP)	11.27	2	5.63	.76	.472
GS x GP	18.41	1	18.41	2.48	.119
GS x TS	.41	1	.41	.05	.815
GS x HP	11.27	2	5.63	.76	.472
GP x TS	2.41	1	2.41	.32	.571
GP x HP	4.27	2	2.13	.29	.751
TS x HP	36.07	2	18.03	2.42	.094
GS x GP x TS	1.41	1	1.41	.19	.664
GS x GP x HP	21.07	2	10.53	1.42	.248
GS x TS x HP	10.87	2	5.43	.73	.484
GP x TS x HP	.27	2	.13	.02	.982
GS x GP x TS x HP	7.46	2	3.73	.50	.607

Note. *SS* = Sum of Squares, *df* = Degrees of Freedom, *MS* = Mean Square, *F* = *F*-statistic, Sig. of *F* = Significance of *F*-statistic.

Table H-2
ANOVA Summary Table for *Blame* Variable

SOURCE OF VARIATION	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	Sig. of <i>F</i>
Within Cells	195.60	96	2.04		
Constant	6946.41	1	6946.41	3409.28	.000
Gender of Subject (GS)	1.88	1	1.88	.92	.340
Gender of Protagonist (GP)	.21	1	.21	.10	.750
Type of Situation (TS)	7.01	1	7.01	3.44	.067
Handicap (HP)	29.32	2	14.66	7.19	.001
GS x GP	.08	1	.08	.04	.848
GS x TS	.01	1	.01	.00	.949
GS x HP	9.05	2	4.53	2.22	.114
GP x TS	3.01	1	3.01	1.48	.227
GP x HP	2.22	2	1.11	.54	.582
TS x HP	.42	2	.21	.10	.903
GS x GP x TS	1.88	1	1.88	.92	.340
GS x GP x HP	4.55	2	2.28	1.12	.332
GS x TS x HP	1.22	2	.61	.30	.743
GP x TS x HP	6.32	2	3.16	1.55	.217
GS x GP x TS x HP	5.85	2	2.93	1.44	.243

Note. *SS* = Sum of Squares, *df* = Degrees of Freedom, *MS* = Mean Square, *F* = *F*-statistic, Sig. of *F* = Significance of *F*-statistic.

Table H-3
ANOVA Summary Table for Cause Variable

SOURCE OF VARIATION	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	Sig. of <i>F</i>
Within Cells	296.80	96	3.09		
Constant	5306.70	1	5306.70	1716.45	.000
Gender of Subject (GS)	4.80	1	4.80	1.55	.216
Gender of Protagonist (GP)	.83	1	.83	.27	.605
Type of Situation (TS)	.83	1	.83	.27	.605
Handicap (HP)	30.15	2	15.08	4.88	.010
GS x GP	2.13	1	2.13	.69	.408
GS x TS	2.13	1	2.13	.69	.408
GS x HP	7.35	2	3.68	1.19	.309
GP x TS	1.63	1	1.63	.53	.469
GP x HP	5.82	2	2.91	.94	.394
TS x HP	7.32	2	3.66	1.18	.311
GS x GP x TS	.13	1	.13	.04	.836
GS x GP x HP	7.82	2	3.91	1.26	.287
GS x TS x HP	4.12	2	2.06	.67	.516
GP x TS x HP	2.32	2	1.16	.37	.689
GS x GP x TS x HP	1.12	2	.56	.18	.835

Note. *SS* = Sum of Squares, *df* = Degrees of Freedom, *MS* = Mean Square, *F* = *F*-statistic, Sig. of *F* = Significance of *F*-statistic.

Table H-4
ANOVA Summary Table for *Likability* Variable

SOURCE OF VARIATION	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	Sig. of <i>F</i>
Within Cells	191.20	96	1.99		
Constant	864.03	1	864.03	433.82	.000
Gender of Subject (GS)	2.70	1	2.70	1.36	.247
Gender of Protagonist (GP)	.03	1	.03	.02	.897
Type of Situation (TS)	67.50	1	67.50	33.89	.000
Handicap (HP)	7.62	2	3.81	1.91	.153
GS x GP	1.63	1	1.63	.82	.367
GS x TS	1.63	1	1.63	.82	.367
GS x HP	3.65	2	1.83	.92	.403
GP x TS	.03	1	.03	.02	.897
GP x HP	2.32	2	1.16	.58	.561
TS x HP	4.65	2	2.33	1.17	.316
GS x GP x TS	2.70	1	2.70	1.36	.247
GS x GP x HP	10.02	2	5.01	2.51	.086
GS x TS x HP	8.02	2	4.01	2.01	.139
GP x TS x HP	1.82	2	.91	.46	.635
GS x GP x TS x HP	2.45	2	1.23	.62	.543

Note. *SS* = Sum of Squares, *df* = Degrees of Freedom, *MS* = Mean Square, *F* = *F*-statistic, Sig. of *F* = Significance of *F*-statistic.

Table H-5
ANOVA Summary Table for *Sympathy* Variable

<u>SOURCE OF VARIATION</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>Sig. of F</u>
Within Cells	399.60	96	4.16		
Constant	1606.01	1	1606.01	385.83	.000
Gender of Subject (GS)	.21	1	.21	.05	.823
Gender of Protagonist (GP)	.68	1	.68	.16	.688
Type of Situation (TS)	95.41	1	95.41	22.92	.000
Handicap (HP)	49.22	2	24.61	5.91	.004
GS x GP	1.01	1	1.01	.24	.624
GS x TS	2.41	1	2.41	.58	.449
GS x HP	18.72	2	9.36	2.25	.111
GP x TS	1.88	1	1.88	.45	.504
GP x HP	7.55	2	3.78	.91	.407
TS x HP	2.12	2	1.06	.25	.776
GS x GP x TS	7.01	1	7.01	1.68	.198
GS x GP x HP	11.32	2	5.66	1.36	.262
GS x TS x HP	3.82	2	1.91	.46	.634
GP x TS x HP	20.85	2	10.43	2.50	.087
GS x GP x TS x HP	5.22	2	2.61	.63	.537

Note. *SS* = Sum of Squares, *df* = Degrees of Freedom, *MS* = Mean Square, *F* = *F*-statistic, Sig. of *F* = Significance of *F*-statistic.

Table H-6
ANOVA Summary Table for Acceptability of Actions Variable

SOURCE OF VARIATION	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	Sig. of <i>F</i>
Within Cells	108.80	96	1.13		
Constant	378.08	1	378.08	333.60	.000
Gender of Subject (GS)	6.08	1	6.08	5.36	.023
Gender of Protagonist (GP)	4.41	1	4.41	3.89	.051
Type of Situation (TS)	21.68	1	21.68	19.13	.000
Handicap (HP)	6.35	2	3.18	2.80	.066
GS x GP	3.68	1	3.68	3.24	.075
GS x TS	.08	1	.08	.07	.798
GS x HP	7.55	2	3.78	3.33	.040
GP x TS	1.41	1	1.41	1.24	.268
GP x HP	2.82	2	1.41	1.24	.293
TS x HP	4.65	2	2.33	2.05	.134
GS x GP x TS	.41	1	.41	.36	.550
GS x GP x HP	7.55	2	3.78	3.33	.040
GS x TS x HP	.05	2	.03	.02	.978
GP x TS x HP	1.12	2	.56	.49	.613
GS x GP x TS x HP	.32	2	.16	.14	.870

Note. *SS* = Sum of Squares, *df* = Degrees of Freedom, *MS* = Mean Square, *F* = *F*-statistic, Sig. of *F* = Significance of *F*-statistic.

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